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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)

33758.22.1



In re Application of Grusin, et al.	
Application Number 09/838,698	Filed April 19, 2001
For Modular Humeral Head With Eccentric Connector	
Group Art Unit 3738	Examiner Barrett, Thomas C.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

- | | |
|---|----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$_____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$_____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$_____ |
| <input type="checkbox"/> Five month (37 CFR 1.17(a)(5)) | \$_____ |

- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$55.00.
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 061910. I have enclosed a duplicate copy of this sheet.

I am the assignee of record of the entire interest.

- applicant.
- attorney or agent of record.
- attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 46,933.

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WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

January 27, 2003
Date

Alicia Griffin Mills
Signature

Alicia Griffin Mills
Typed or printed name

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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01-28-23

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 By Theresa Russek
 Theresa Russek

FORM PTO-1083
 Docket No. 33758.22.1
 In re application of: Grusin, et al.

Serial No. 09/838,698

Filed: April 19, 2001

For: MODULAR HUMERAL HEAD WITH ECCENTRIC CONNECTOR

THE COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

Sir: Transmitted herewith is an amendment in the above-identified application.
 Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
 A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
 No additional fee is required. The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	
TOTAL	17	MINUS	** 20	= 0	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					

SMALL ENTITY	
RATE	ADDIT. FEE
\$9	\$ 9.00
\$42	\$ 84.00
	\$ 0
	\$0
TOTAL ADDIT. FEE	

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OTHER THAN A
SMALL ENTITY

OTHER THAN A SMALL ENTITY	
RATE	ADDIT. FEE
\$18	\$ 0
\$84	\$ 0
	\$ 0
	\$ 0
TOTAL	

OR

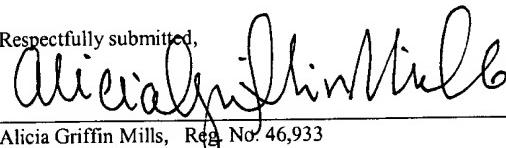
OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- [] Please charge by Deposit Account No. 061910 in the amount of \$ _____. A duplicate copy of this sheet is attached.
- [X] A check in the amount of \$0.00 is attached.
- [x] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 061910. A duplicate copy of this sheet is attached.

- [x] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- [x] Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,


 Alicia Griffin Mills

Alicia Griffin Mills, Reg. No. 46,933